



Employment Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

Application for the position of:

Where / how did you find out about this position?

If applicable, state publication and date

Personal Details

Last name:

First name(s):

Address:

Postcode:

Phone No.:

Sex:

Tick as appropriate

Male

Female

Nationality:

Marital status:

Circle as appropriate

Single

Co-habiting

Married

Separated

Divorced

Widowed

Children (number and ages):

National Insurance No.:

Education

Dates		Secondary and Further Education	Achievements
From	to	(school / college / university)	(subjects, level(s) and grade(s))
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		
DD / MM / YYYY	DD / MM / YYYY		

Do you have any professional, trade or vocational qualifications?

Please provide details here

Your Health

Is your ability to perform the job for which you are applying limited in any way?

Yes

No

If 'Yes' how can we overcome this?

Mobility

Do you hold a current, full driving licence?

Yes

No

Do you have your own transport?

Yes

No

Other

Are you related to, or acquainted with, any European Metal Recycling employee?

Yes

No

If 'Yes' please explain



Previous Employment History (covering at least 10 years)

Job Title:

Company:

Business type:

Employment dates: Day (Date) / Month / Year

From / / to / /

What was your reason for leaving?

Job Title:

Company:

Business type:

Employment dates: Day (Date) / Month / Year

From / / to / /

What was your reason for leaving?

Job Title:

Company:

Business type:

Employment dates: Day (Date) / Month / Year

From / / to / /

What was your reason for leaving?

No.1 (present / last)

Employment Referees

(previous) No.2

Please provide two employment referees, including your present or last employer. We will seek references from both, however, your present employer *will not be approached without your consent.*

Full name:

Position:

Company:

Address:

Postcode:

Phone No.:

May we approach your present employer? Yes No

Full name:

Position:

Company:

Address:

Postcode:

Phone No.:

Declaration

“To the best of my knowledge the information given is accurate and correct”

Signature:

Today's date: / /